

The City of Tiffin Police Department is pleased to offer area college students the opportunity to take part in an internship which will provide insight into the career of a road patrol police officer. Participants will primarily be riding along with road patrol officers, but could also have the opportunity to work with detectives, dispatch or records depending on the department's work needs.

The available intern positions are geared toward individuals desiring to pursue a career in a road patrol type of position. These positions are limited to 1-2 per semester. Applications will not be accepted more than one calendar year in advance.

Please apply via mail or email after fully completing all the pages in the application packet and attach your resume.

Send to:.

Tiffin Police Department  
Attn: Det. Lt. Mark E. Marquis            or    [memarquis@tiffinohio.gov](mailto:memarquis@tiffinohio.gov)  
51 E. Market St.  
Tiffin, Ohio 44883



City of Tiffin

**POLICE**



Name \_\_\_\_\_  
 Local Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Permanent Home Address (If different from above)  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE ADMINISTRATION USE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ LOCATION \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_  
 COLLEGE \_\_\_\_\_ MAJOR \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_  
 ADDITIONAL EDUCATION \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

**EMPLOYMENT HISTORY**

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

PREFERRED CAREER POST GRADUATION \_\_\_\_\_

DESIRED OUTCOME OF INTERNSHIP \_\_\_\_\_

DESIRED SEMESTER FOR INTERNSHIP: (PLEASE CIRCLE PREFERENCE) SEPT.-DEC. \_\_\_\_\_ Year OR JAN.-APRIL \_\_\_\_\_ Year OR MAY-AUGUST \_\_\_\_\_ Year  
 INTERNSHIP REQUIRED FOR GRADUATION: (PLEASE CIRCLE) YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



City of Tiffin

**POLICE**



**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR POLICE RIDE-ALONG PROGRAM**

I, \_\_\_\_\_ (participant's name) and or my parent/legal guardian, \_\_\_\_\_ (parent/legal guardian name), having read the following release or having had unrestricted opportunity to read the following "Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement," do hereby acknowledge that it is my intention to participate in the Tiffin Police Ride-Along Program having released the City and its Police Department, agents and assigns, from any liability whatsoever and agree not to sue for any injuries of future injuries that may be caused as a result, however remote, of participating in this program.

**I UNDERSTAND THAT SIGNING THIS WAIVER RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF TIFFIN OR ITS POLICE DEPARTMENT FOR ALL LOSSES OR DAMAGE WHETHER CAUSED BY THE NEGLIGENCE OF THE TIFFIN POLICE DEPARTMENT, ITS EMPLOYEES OR AGENTS.**

In consideration of the permission and privilege allowed me hereunder, I and/or my parent/legal guardian do so specifically agree that I will indemnify, save and hold harmless the City of Tiffin, its Police Department, agents and assigns from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered during the conduct of the Ride-Along Program.

**I INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Legal Guardian Signature If Participant is under 18 YOA)

\_\_\_\_\_  
(Date)



City of Tiffin  
**POLICE**

51 E. Market St., Tiffin, Ohio 44883  
Phone (419) 447-2323 Fax (419) 448-5417



**Background Investigation - Affidavit and Waiver**

I, \_\_\_\_\_, do hereby voluntarily authorize the Tiffin Police Department to make such inquiries into my background as deemed necessary to determine my suitability for employment with the Tiffin Police Department. I understand that the following types of information will be collected: employment and educational histories; medical, military, government, insurance, credit and financial information, motor vehicle records, and all police records; information about my abilities, family, character, lifestyle, and organizational memberships; and information about any current drug use via drug testing. Information may be obtained by letter, telephone, and by personal interview with both primary and secondary sources. I authorize any of the persons or organizations contacted to furnish information, personal and otherwise, regarding my ability and fitness for employment or appointment with the Tiffin Police Dept. and I relieve all such parties from any and all liability for any damage that might result from furnishing such information. I understand that this information is used as one element for appointment decisions, and that information received by Tiffin Police Dept. in response to this background examination are public records.

This authority is granted on the condition that the information thus obtained is to be kept secure and not subject to use for any other purpose other than my suitability for employment with the City of Tiffin, Ohio, and that it shall not be released to any other persons except by order of a court of competent jurisdiction, as required by public records laws, or at my request. I authorize the Chief of Police of Tiffin Ohio, or his or her designee to make such inquiries. Any sources contacted in regard to my suitability for employment shall be advised of the reason for the inquiry.

\_\_\_\_\_  
(signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Ohio  
My commission expires \_\_\_\_\_

**Fairness Integrity Respect Service Teamwork**

# Tiffin Police Department

## Computer Confidentiality & Data Protection Agreement

I understand that as part of my ride along with Tiffin Police Department that I may come into contact with sensitive and/or confidential information provided to the department through electronic communications, including printouts and computer displays and that all of these communications are to be kept confidential. I further understand that I am not to handle printouts with confidential information or seek to view such information in any place that it may appear.

I understand that I am not to operate any computer equipment of the City Of Tiffin without the consent of a supervising employee.

### Ohio Revised Code

**2913.04(C)** - No person shall knowingly gain access to, attempt to gain access to, cause access to be granted to, or disseminate information gained from access to the law enforcement automated database system created pursuant to section 5503.10 of the Revised Code without the consent of, or beyond the scope of the express or implied consent of, the chair of the law enforcement automated data system steering committee.

**2913.04(D)** - No person shall knowingly gain access to, attempt to gain access to, cause access to be granted to, or disseminate information gained from access to the Ohio law enforcement gateway established and operated pursuant to division (C)(1) of section 109.57 of the Revised Code without the consent of, or beyond the scope of the express or implied consent of, the superintendent of the bureau of criminal identification and investigation.

A violation of either of the listed sections is a felony level crime.

**By signing below, I swear that I have reviewed the above included statements and laws and agree to abide by each.**

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public, State Of Ohio  
My Commission Expires \_\_\_\_\_